

10

*District (if applicable)*

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JAMES HENRY STATE ASSEMBLY  
Candidate's Name (print) Office10  
District (if applicable)

## Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	<del>0</del>
Expenses related to volunteers	B	<del>0</del>
Expenses related to travel	C	<del>0</del>
Expenses related to advertising	D	<del>0</del>
Expenses related to paid staff	E	<del>0</del>
Expenses related to consultants	F	<del>0</del>
Expenses related to polling	G	<del>0</del>
Expenses related to special events	H	<del>0</del>
Goods and services provided in kind for which money would otherwise have been paid	I	<del>0</del>
Other miscellaneous expenses	J	<del>0</del>

James Henry  
Candidate's Name (print)

STATE ASSEMBLY  
Office

10  
District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
WA			

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James Henry  
Candidate's Name (print)

STATE ASSEMBLY  
Office

16  
District (if applicable)

### Expenses of \$100 or Less

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